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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *None SPP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None SPP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/05/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Initials</i> <i>SPP</i> Examiner's Signature Initials				

**ADDRESS**  
22885

**TITLE**

Immunization system

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